

For Department Use Only

License # \_\_\_\_\_

Effective Date \_\_\_\_\_

WS# \_\_\_\_\_

**State of California – Department of Insurance**  
**Business Entity Application**  
**for Insurance License**  
(Type or print clearly)

**① BUSINESS ENTITY TYPES:**  
(check only one please)

☐ Corporation

☐ General Partnership

☐ Limited Liability Company

☐ Nonprofit Corporation

☐ Unincorporated Association

☐ Limited Liability Partnership/Limited Partnership

**② LICENSE TYPE:**

☐ Life Agent (LX)

☐ Fire & Casualty Broker-Agent (FX)

☐ Personal Lines Broker-Agent (PL)

☐ Credit Insurance (CI)

☐ Rental Car Agent (RC)

☐ Motor Club (MC)

☐ Self-Service Storage Agent (SS)

☐ Communication Equipment Insurance Agent (CV)

☐ Surplus Line Broker (SL)

☐ Special Lines' Surplus Line Broker (SP)

☐ Life & Disability Analyst (LA)

☐ Cargo Shipper's Agent (CS)

☐ Vehicle Service Contract Provider (VS)

**③** Business Entity Name \_\_\_\_\_

**④** Federal Employer Identification Number \_\_\_\_\_

**⑤** Incorporation /Formation date \_\_\_\_\_

**⑥**

State of Incorporation: \_\_\_\_\_

Attach copy of Certificate of Good Standing

**⑦** Business Address (P.O. Box not acceptable.) \_\_\_\_\_

**⑧** City \_\_\_\_\_

**⑨** State \_\_\_\_\_

**⑩** Zip Code \_\_\_\_\_

**⑪** Business Phone Number \_\_\_\_\_

( ) -

**⑫** Business Fax Number \_\_\_\_\_

( ) -

**⑬** Business E-mail Address \_\_\_\_\_

**⑭** Business Web Site Address \_\_\_\_\_

**⑮** Mailing Address (P. O. Box is acceptable) \_\_\_\_\_

**⑯** City \_\_\_\_\_

**⑰** State \_\_\_\_\_

**⑱** Zip Code \_\_\_\_\_

**⑲ FICTITIOUS NAMES:**

A. Does the business entity intend to use a fictitious (DBA) name? .....

☐ Yes

☐ No

If yes, list such name: (This name must be approved by the Department prior to use.) \_\_\_\_\_

B. Is the business entity now or has it ever used any name other than shown? .....

☐ Yes

☐ No

If yes, list names, dates and reason(s) used. \_\_\_\_\_

**⑳ BUSINESS ENTITY INFORMATION:**

Is this business entity engaged in any business or activity other than insurance?.....

☐ Yes

☐ No

If yes, answer the following:

A. What is the nature of this other business or activity? .....

B. What percentage of the business entity 's net income will be derived from this other business or activity? .....

IMPORTANT: Business entity applicants engaged in business other than insurance are cautioned to review the laws governing such other business to ensure that the transacting of insurance is not incompatible under such laws.

**㉑** Is the business entity an insurer?.....

☐ Yes

☐ No

**㉒** DOES THE BUSINESS ENTITY HOLD OR HAS IT EVER HELD AN INSURANCE LICENSE AS A RESIDENT IN ANY STATE, INCLUDING THE STATE OF CALIFORNIA?.....

☐ Yes

☐ No

If yes, complete the following: (attach a separate sheet if needed)

Type of License and License Number

State or Province

Date License Held

Is License In Force?

**㉓ FIRE & CASUALTY BROKER-AGENT APPLICANTS ONLY:**

Do you intend to act in the capacity of a Vehicle Service Contract Administrator? .....

☐ Yes

☐ No

Do you intend to act in the capacity of a Vehicle Service Contract Refund Agreement Administrator?.....

☐ Yes

☐ No

**㉔ VEHICLE SERVICE CONTRACT PROVIDER APPLICANTS ONLY:**

Do you intend to act in the capacity of a Vehicle Service Contract Refund Agreement Obligor?.....

☐ Yes

☐ No

**23 LIFE AGENT LICENSE APPLICANTS ONLY:**

Does the business entity intend to act as a Variable Contract Agent?.....

☐ Yes ☐ No

Any business entity intending to act as a Variable Contract Agent must have at least one Designated/Responsible Licensed Producer authorized as a Variable Contract Agent.

**DESIGNATED/RESPONSIBLE LICENSED PRODUCER****23 Identify all Designated/Responsible Licensed Producers\***

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

(Attach a separate sheet if needed)

**\*The designees listed above are not required to complete Form 411-8A.****BUSINESS ENTITY DISCLOSURE****23 Identify all partners, members, officers, directors, managers, controlling persons and any shareholders owning 10% or more interest in the business entity**

\*If partnership, attach copy of partnership agreement, if any. If no agreement, so state.

Name\_\_\_\_\_Title\_\_\_\_\_SSN/FEIN\*\*\_\_\_\_\_ % of ownership\_\_\_\_\_

Name\_\_\_\_\_Title\_\_\_\_\_SSN/FEIN\*\*\_\_\_\_\_ % of ownership\_\_\_\_\_

Name\_\_\_\_\_Title\_\_\_\_\_SSN/FEIN\*\*\_\_\_\_\_ % of ownership\_\_\_\_\_

Name\_\_\_\_\_Title\_\_\_\_\_SSN/FEIN\*\*\_\_\_\_\_ % of ownership\_\_\_\_\_

Name\_\_\_\_\_Title\_\_\_\_\_SSN/FEIN\*\*\_\_\_\_\_ % of ownership\_\_\_\_\_

Name\_\_\_\_\_Title\_\_\_\_\_SSN/FEIN\*\*\_\_\_\_\_ % of ownership\_\_\_\_\_

**23 CONTROLLING PERSON:**

A "Controlling Person" includes: individual, corporation, partnership, limited liability company, limited partnership or trust.

You the applicant, must identify the Controlling Person, including the president, chief executive officer, chairman of the board, those people that own 10% or more of the stock and any other person who directly or indirectly possess the power to control the affairs of the business entity.

Is there any business entity, such as a holding company, which acts in the capacity of a Controlling Person as defined in Section 1668.5 of the California Insurance Code?.....

☐ Yes ☐ No

If yes, you must identify the president, chief executive officer, chairman of the board, those people that own 10% or more of the stock and any person who directly or indirectly possess the power to control the affairs of the business entity. (Attach separate sheet if more space is needed)

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_

**23 SURPLUS LINE AND/OR SPECIAL LINES' SURPLUS LINE APPLICANTS ONLY:** Notification of your filing for a Surplus Line Brokers' license will be forwarded to the Surplus Line Association of California, who will notify you as to their filing rules (California Code of Regulations, Title 10, Section 2172).

List names of all insurers not admitted to California with whom arrangements have been made to accept or who are considering the acceptance of surplus line business offered by the business entity: \_\_\_\_\_

**SURPLUS LINE OR SPECIAL LINES' BUSINESS ENTITY ENDORSEMENT AUTHORIZATION \*\*\***

List name of each person applying to transact under the authority of this license type, and their relationship to the business entity. (Relationship to the business entity must be that of an EMPLOYEE, OFFICER, PARTNER, MEMBER, OR MANAGER as appropriate to the organization application.) A separate application Form 441-9 must be completed by each person named below, and attached to this business entity application.

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

Name\_\_\_\_\_SSN\*\*\_\_\_\_\_License #\_\_\_\_\_

**\*\* Mandatory pursuant to Cal. Ins. Code, §1666.5; Cal. Civil Code §1798.17; Cal. Family Code § 17520(d); and the Federal Privacy Act of 1974 §§7(a)(2)(B) and 7(b).**

## BACKGROUND INFORMATION

Please read the following very carefully and answer every question:

- 30 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers, or any shareholders owning 10% or more interest in the business entity, ever been convicted of, or is the business entity or, any partner, member, controlling person officer director, manager or any shareholders owning 10% or more interest in the business entity currently charged with, committing a crime, whether or not adjudication was withheld?..... ☐ Yes ☐ No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- d) a written statement with original signature explaining the circumstances of each incident,
- e) a certified copy of the charging document, and
- f) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

- 31 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever been involved in an administrative proceeding regarding any professional or occupational license?..... ☐ Yes ☐ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement with original signature identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 32 Has any demand been made or judgment rendered against the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?..... ☐ Yes ☐ No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

- 33 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?..... ☐ Yes ☐ No

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

- 34 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement with original signature summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 35 Has the business entity or any of its partners, members, controlling persons, officers, directors, managers or any shareholders owning 10% or more interest in the business entity, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... ☐ Yes ☐ No

If you answer yes, you must attach to this application:

- a) a written statement with original signature summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

➤ **IMPORTANT NOTICE FOR LIMITED LIABILITY COMPANIES:**

Section 1647.5 (c) of the California Insurance Code (CIC) requires Limited Liability Company licensees (limited to Fire and Casualty, Life, Surplus Lines, Special Lines, or Cargo Shipper agents) to file with the Insurance Commissioner an annual confirmation demonstrating continuing compliance with the financial security requirements of Section 1647.5 CIC. This annual confirmation is typically satisfied by submitting proof of errors and omissions liability insurance coverage. The aggregate dollar amount of errors and omissions coverage can be in the form of cash, bonds, bank certificates of deposit, U.S. Treasury obligations, etc., held to provide security for claims against the Limited Liability Company. (The amount required over the minimum of \$500,000 is at least \$100,000 multiplied by the number of licensees rendering professional services on behalf of the company; however, the maximum amount is not required to exceed \$5,000,000.00.)

For the purposes of satisfying this requirement, you are required to provide **one** of the following:

1. Complete and return the enclosed Certification of Coverage (Form LIC CC1) signed by a representative of the insurance company providing the errors and omissions policy (Form LIC CC1 is available from the departmental website at [www.insurance.ca.gov](http://www.insurance.ca.gov)); or
2. If assets other than the errors and omissions liability insurance are being used to satisfy the security requirements, provide verification from the bank or escrow holder listing the type of asset and the current dollar amount.

**APPLICANT'S CERTIFICATION:**

I (we) certify (or declare) under penalty of perjury that:

- (a) the named business entity intends actively and in good faith to carry on an insurance business with the general public;
- (b) the business entity's articles of incorporation or articles of organization or association or partnership agreement, as the case may be, do not forbid it to act in the capacity for which this application is being made;
- (c) the holding of the license hereby applied for is not incompatible with the laws, rules or regulations of any federal, state, county or municipal government for which it performs work (if any) by which it is licensed (if any);
- (d) if the license is granted, only those natural persons so authorized will transact insurance under each license;
- (e) (Surplus Line and Special Lines' applicants only) - we apply for a license pursuant to the provisions of Chapter 6, Part 2, Division 1 of the Insurance Code of the State of California permitting the solicitation, negotiation and subject to the provision of said Chapter, the effecting of insurance to be procured from or placed with insurers not authorized to transact insurance business in this State.

Further, I (we) certify (or declare) under penalty of perjury that I (we) have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I (we) understand that pursuant to Sections 1668 (h) and 1738 of the Insurance Code, any false statements may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to Insurance Code Sections 1703 and 1733, I (we) authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.

36

➤ **SIGNATURE(S)** \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
(type name and title) \_\_\_\_\_ **Title** \_\_\_\_\_

**IMPORTANT NOTICE**

If organization is a partnership, each partner must sign this application.

If organization is a corporation, an officer having authority to bind the organization must sign.

If organization is a limited liability company, an officer, member or manager having authority to bind the organization must sign.

If organization is a nonprofit corporation or unincorporated association, all members must sign.

➤ **DATE EXECUTED** \_\_\_\_\_, **AT** \_\_\_\_\_, \_\_\_\_\_  
(month, day, year) (city) (state)

**BUSINESS PHONE #** ( ) \_\_\_\_\_

➤ **ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**

Name of Business Entity \_\_\_\_\_  
FEIN # \_\_\_\_\_

### ACTION NOTICE OF APPOINTMENT\*

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code

**Filing fees required for each appointment submitted.**

**\*If this appointment form is completed by the insurer, Form 447-54A is not required**

Appointment Types: FX: Fire and Casualty LX: Life DO: Disability Only PL: Personal Lines CI: Credit Insurance  
RC: Rental Car Applicants must complete a Rental Car Agent Notice of Appointment, Form RCA 3

Insurer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC # \_\_\_\_\_ CA Company # \_\_\_\_\_ Appointment Type \_\_\_\_\_  
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name \_\_\_\_\_ Official Title \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_

Insurer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC # \_\_\_\_\_ CA Company # \_\_\_\_\_ Appointment Type \_\_\_\_\_  
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name \_\_\_\_\_ Insurer \_\_\_\_\_ Official Title \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_

Insurer Name: \_\_\_\_\_

FEIN: \_\_\_\_\_ NAIC # \_\_\_\_\_ CA Company # \_\_\_\_\_ Appointment Type \_\_\_\_\_  
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name \_\_\_\_\_ Insurer \_\_\_\_\_ Official Title \_\_\_\_\_ Date \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_

**Please note:** Form 447-54A and filing fee must be submitted for each additional appointment.

#### NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

**AGENCY:** Department of Insurance **ADDRESS:** 320 Capitol Mall, Sacramento, Ca 95814-4309 **TELEPHONE NUMBER:** (800) 967-9331 or (916) 322-3555

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:** Chief, Producer Licensing Bureau

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:** California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

**THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION:** It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**THE PRINCIPAL PURPOSES (S) FOR WHICH THE INFORMATION IS TO BE USED:** The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

**EACH INDIVIDUAL HAS THE RIGHT TO REVIEW OWN PERSONAL FILES MAINTAINED BY THE AGENCY SUBJECT TO ANY LIMITATIONS THE INFORMATION PRACTICES ACT OF 1977, CIVIL CODE SECTION 1798.40, AND EXEMPTIONS UNDER THE CALIFORNIA PUBLIC RECORDS ACT, GOVERNMENT CODE SECTION 6254.**

## • INSTRUCTIONS FOR COMPLETING BUSINESS ENTITY APPLICATION

### RE: "BUSINESS ENTITY TYPE":

**CORPORATION**- if already incorporated, attach a copy of your Certificate of Good Standing. If corporation has been formed as a result of a merger, submit a copy of your approved merger papers.

**PARTNERSHIP** - attach a copy of the partnership agreement (if any). If no agreement, so state on application. **The PARTNERSHIP'S FEDERAL IDENTIFICATION NUMBER IS MANDATORY** and must be entered in the space shown.

**LIMITED LIABILITY COMPANY** - attach a copy of your approved articles of organization. Additional requirements are listed on page 4. This documentation must be submitted with your application.

### RE: "BUSINESS ENTITY NAME":

The true business entity name must be entered. Include commas, hyphens, ampersands, etc. This name is subject to disapproval by the Insurance Commissioner.

### RE: "FICTITIOUS NAME":

If you intend to transact insurance in a name other than the true business entity name, enter such fictitious name. This name is subject to disapproval by the Insurance Commissioner.

### RE: "DESIGNATED/RESPONSIBLE LICENSED PRODUCER":

You must list all licensed producers intending to transact on behalf of the business entity. All unlicensed producers intending to transact on behalf of the business entity must complete form 441-9.

### RE: "CONTROLLING PERSON":

Insurance Code Section 1668.5(b), in part, defines a "controlling person" as a person who possesses the power to direct or cause the direction of the management and policies of the business entity.

### RE: "BACKGROUND INFORMATION":

If the answer is "yes" to any of these questions, you must submit required documentation.

### RE: "APPLICANT'S CERTIFICATION":

**Partnership** - each partner of the partnership must sign. **Corporation** or **Association** - an officer having authority to bind the Corporation or Association must sign.

## FEES

A) Licenses are issued for a two-year term, which begins the date the first license is issued to the business entity and ends the last day of that calendar month two years later. Subsequent licenses are issued for the balance of the established license term.

B) **Fees:** Filing fees are required for each business entity application submitted, except that Surplus Line or Special Lines' fees may vary - see below:

#### SURPLUS AND SPECIAL LINES' FILING FEES:

- 1) One filing fee covers the first **TWO** natural persons named under either of these license types. An additional filing fee is required for each subsequent natural person to be named on the license.
- 2) Fees collected from one person for either the Surplus Line or Special Lines' license cover that person's fees for both licenses.

C) Total fee due is determined by adding the appropriate filing fees in (A) and (B) above to other applicable fees listed in enclosed fee chart.

- **PLEASE REVIEW THE APPLICATION CAREFULLY AFTER COMPLETION. ANY OMISSIONS OR DEFICIENCIES WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR LICENSE.**
- **MAIL APPLICATION WITH FEES TO: DEPARTMENT OF INSURANCE  
P. O. BOX 1139  
SACRAMENTO, CA 95812-1139**
- **DIRECT QUESTIONS REGARDING THIS FILING TO THE PRODUCER LICENSING BUREAU IN SACRAMENTO, (800) 967-9331 or (916) 322-3555**
- **ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**